FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17141 (5)

1. Corporation Name
WEDGEWOOD HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3310 W HILLSBORO BLVD DEERFIELD BCH. FL 33442	3310 W HILLSBORO BLVD DEERFIELD BCH. FL 33442

3. Date Incorporated or Qualified: 10/07/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0050545 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

G MCCLAIN FINANCIAL SERVICES
3310 W HILLSBORO BLVD
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CASEY, JOHN JR.	1.2 NAME	
STREET ADDRESS	8674 EAGLE RUN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~ROSENTHAL, SARA~~	2.2 NAME	STONE, Jolene
STREET ADDRESS	~~8670 EAGLE RUN~~	2.3 STREET ADDRESS	8639-9 Eagle Run DR
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DERENGOWSKI, ED	3.2 NAME	
STREET ADDRESS	8632 EAGLE RUN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, EDWARD	4.2 NAME	
STREET ADDRESS	8728 EAGLE RUN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~KOST, JOSEPH~~ Turkowitz, Jerome	5.2 NAME	Turkowitz, Jerome
STREET ADDRESS	~~8590 EAGLE RUN~~ 8631 Eagle Run Dr.	5.3 STREET ADDRESS	8631 Eagle Run DR
CITY-ST-ZIP	BOCA RATON FL Boca Raton Fl	5.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Kost, Joseph
STREET ADDRESS		6.3 STREET ADDRESS	8596 Eagle Run
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton, FL 33434

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward E Kaplan - Treasurer 3/7/95 407-451-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000310